

10-Feb-17

10Feb17-2363

☐ New Change in Signers: ☐ Name Change

Check only one box

☐ ADD
or
☒ REPLACEMENT
(Supersedes All Others)

Check all applicable boxes:

☐ Special Instructions
☐ Multiple Accounts
☐ Manual Signature
☐ Facsimile Signature

Card # _____ of _____

"Bank" refers to:

Chase Bank of Texas National Association

FEB 11 2000



COMMERCIAL & FIDUCIARY SIGNATURE CARD

ACCOUNT NAME (ONLY) ("Depositor") Omnipus Health Care, L.L.C.			
Account Number 5235	Date Opened If New	Revised Date If Other Than New	Tax I.D. Number 760494742
SIGNATURES - USE BLACK INK 1. <i>Vladimir Redko</i> 2. <i>Jeffrey Charnov</i> 3. <i>Kenneth Alo</i> 4. 5.		TYPED OR PRINTED NAMES 1. Vladimir Redko, M.D. 2. Jeffrey Charnov, M.D. 3. Kenneth Alo, M.D. 4. 5.	
Depositor acknowledges receipt of and agrees to the provisions of Bank's Terms and Conditions of Deposit Accounts for Business Entities, schedule of service charges, and Funds Availability Policy.			
<input type="checkbox"/> SPECIAL INSTRUCTIONS, IF ANY (Must Agree with Certificate Regarding Account(s) or Non-Standard Resolution):			
<p>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. By signing above, Depositor and each of the signers certifies under penalties of perjury that:</p> <p>(1) The number shown in the blank above is Depositor's correct Taxpayer Identification Number.</p> <p>(2) Either: Depositor is NOT subject to backup withholding either because Depositor has not been notified by the Internal Revenue Service (IRS) that Depositor is subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified Depositor that Depositor is no longer subject to backup withholding, or if one of the following Boxes is checked:</p> <p>Check one where applicable:</p> <p><input type="checkbox"/> Depositor qualifies as one or more of the following (as defined in the Internal Revenue Code):</p> <ul style="list-style-type: none"> * a corporation * an organization exempt from tax under section 501(a), or an individual retirement plan (IRA) * the United States or any agency or instrumentality thereof * a foreign government or a political subdivision, agency or instrumentality thereof * an entity registered at all times during the tax year under the Investment Company Act of 1940 * a common trust fund operated by a bank under section 584(a) * a state, the District of Columbia, a possession of the United States, or any political subdivision or instrumentality thereof * an international organization or any agency or instrumentality thereof * a foreign central bank of issue * a dealer in securities or commodities required to register in the U.S. or a possession of the U.S. * a futures commission merchant registered with the Commodity Futures Trading Commission * a real estate investment trust * a financial institution * a middleman known in the investment community as a nominee or listed in the most recent publication of the American Society of Corporate Securities, Inc., Nominee List <p><input type="checkbox"/> Depositor is NOT any of the following:</p> <ul style="list-style-type: none"> * a citizen of the United States * a resident of the United States for U.S. tax purposes * a corporation, partnership, estate or trust organized under the laws of one of the United States or District of Columbia * a United States person. <p><input type="checkbox"/> Depositor IS subject to backup withholding due to notified payee underreporting and the Depositor has not received a notice from the Internal Revenue Service advising Depositor that backup withholding has terminated.</p>			
MAILING ADDRESS 3200 S.W. Freeway, Ste. 1230, Hou. Tx 77027		BAC 6095	SERVICING OFFICER# 05
STREET ADDRESS, IF DIFFERENT FROM ABOVE		PHONE #	AMOUNT OF DEPOSIT
SOURCE OF FUNDS			
FIRST DEPOSITOR ID	CHEX SYSTEM/TELECHECK	BANK REFERENCE	
SECOND DEPOSITOR ID	CHEX SYSTEM/TELECHECK		
THIRD DEPOSITOR ID	CHEX SYSTEM/TELECHECK		
SALESPERSON R Serrano	PHONE 713-795-7303	ECA# 515307	BRANCH NO. 171
APPROVED BY		DATE 2/7/00	

F440-00418 (Rev. 10/97)
MQ00418 FRP

GOVERNMENT
EXHIBIT
908
4:18-CR-368

GX908.001

DOJ_18CR368-0005410

10-Feb-17

10Feb17-2363

☐ NEW

Change in Signers:

Check only one box

☐ ADD

or

☒ REPLACEMENT

(Supersedes All Others)

Check all applicable boxes:

☐ Special Instructions☒ Multiple Accounts☒ Manual Signature☐ Facsimile Signature

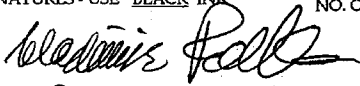

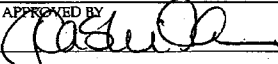
Card # 1 of 1

JUL 12 2002

"Bank" refers to:

JPMORGAN CHASE BANK

COMMERCIAL & FIDUCIARY SIGNATURE CARD

ACCOUNT NAME (ONLY) ("DEPOSITOR") OMNIPLUS HEALTH CARE, LLC			
ACCOUNT NUMBER See Multi Accts List	DATE OPENED (If New)	REVISED DATE (If Other Than New)	TAX ID NUMBER 760494742
TIN CERTIFICATION The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. By signing below, Depositor and each of the signers certifies under penalties of perjury that: (1) The number shown on this form is Depositor's correct taxpayer identification number; and (2) Depositor is not subject to backup withholding because (a) Depositor is exempt from backup withholding [Depositor must check appropriate box below], or (b) Depositor has not been notified by the Internal Revenue Service (IRS) that Depositor is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified Depositor that Depositor is no longer subject to backup withholding; and (3) Depositor is a U.S. person (including a U.S. resident alien). <input type="checkbox"/> Check here if Depositor is exempt from backup withholding. <input type="checkbox"/> Check here if Depositor is subject to backup withholding for failure to report interest or dividends. <input type="checkbox"/> Check here if Depositor is not a U.S. person (nor a U.S. resident alien), and complete the appropriate Form W-8.			
SIGNATURES - USE BLACK INK		NO. OF SIGS REQ'D 1	
1.  2.  3. 4. 5.		TYPED OR PRINTED NAME(S) 1. VLADIMIR REDKO, M.D. 2. JEFFREY CHARNOV, M.D. 3. 4. 5.	
Depositor acknowledges receipt of and agrees to the provisions of Bank's Terms and Conditions of Deposit Accounts for Business Entities, schedule of service charges, and Funds Availability Policy.			
<input type="checkbox"/> SPECIAL INSTRUCTIONS, IF ANY (Must Agree with Certificate Regarding Account(s) or Non-Standard Resolution):			
MAILING ADDRESS ACCOUNTING SERVICES P. O. BOX 58128 HOUSTON, TX 772580000		BAC 6095	SERVICING OFFICER # 0005
STREET ADDRESS, IF DIFFERENT FROM ABOVE		PHONE # 2818681400	AMOUNT OF DEPOSIT SOURCE OF FUNDS
FIRST DEPOSITOR ID	CHEX SYSTEM/TELECHECK	BANK REFERENCE	
SECOND DEPOSITOR ID	CHEX SYSTEM/TELECHECK		
THIRD DEPOSITOR ID	CHEX SYSTEM/TELECHECK		
SALESPERSON J. CASHIOLA	PHONE # (713) 216-0404	BCA # 021224	BRANCH NO. DATE June 14, 2002
APPROVED BY 		D.E.	

TD-440-00418 (Rev. 7/01)

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DATE PRINTED
June 14, 2002

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JPMORGAN CHASE BANK

JUL 12 2002

COMMERCIAL ACCOUNTS
MULTIPLE ACCOUNTS LIST

for OMNIPLUS HEALTH CARE, LLC Tax ID: 760494742
(To be made part of the Commercial Signature Card)

ACCOUNT NUMBER	ACCOUNT STYLING
5235	OMNIPLUS HEALTH CARE, LLC
9831	OMNIPLUS HEALTH CARE, LLC-
	PAYROLL ACCT.

D.E.

TD-440-00441C (Rev. 1/98)

10-Feb-17

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☐ New ☒ Replacement Card ☐ Change Product Type
☒ Add Signer(s) ☐ Change Certification **TBSNEC**
 "Bank" refers to: **TEXAS COMMERCE BANK NATIONAL ASSOCIATION**
 Located at: **6560 FANNIN - MEDICAL**
COMMERCIAL, NONPROFIT & FIDUCIARY Card # 1 of 1
 ACCOUNT NAME (ONLY) ("Depositor")
OMNIPLUS HEALTH CARE, LLC **MAY 21 1997**

TAX I.D. NUMBER	PHONE NUMBER	DATE OPENED	ACCOUNT NUMBER
760494742	713-988-6986	3/01/96	5235

CHECK ONE:

☒ Corporation
☒ Limited Liability Company
☐ Trade Name ☐ Fiduciary
☐ Partnership ☐ Association



TYPE OF ACCOUNT ("the Account" or "this Account") (CHECK ONE)

☒ CHECKING ☐ CHECKING WITH INTEREST ☐ ONEPLUS SUPERSAVINGS
 Certain Nonprofit Entities and Fiduciary Accounts to Benefit
 Sole Proprietorships Only Individual Only
☐ MONEY MARKET ACCOUNT ☐ SAVINGS ☐ YOUTH SAVINGS

SIGNATURES - USE BLACK INK.

NO. OF
SIGNS
REQUIRED

1

NAMES - TYPED OR PRINTED

1. *Vladimir Redko*

1. VLADIMIR REDKO, M.D.

2. *Vladimir Redko*

2.

3. Vladimir Redko, M.D.
Facsimile Signature

3.

4.

4.

Check if applicable: ☐ See attached Signature Card for additional
 signers on this Account. *Place asterisk beside name if \$ limits apply to
 signing authority.

The Internal Revenue Service does not require your consent to any provision of this document other than
 the certifications required to avoid backup withholding.

By signing above, Depositor and each of the signers certifies under penalties of perjury that:

(1) The number shown in the blank above is Depositor's correct Taxpayer Identification Number.
 (2) Either: Depositor is NOT subject to backup withholding either because Depositor has not been notified by
 the Internal Revenue Service (IRS) that Depositor is subject to backup withholding as a result of a failure to
 report all interest or dividends, or the IRS has notified Depositor that Depositor is no longer subject to
 backup withholding, or if one of the following Boxes is checked:

Check one where applicable:

☒ Depositor qualifies as one or more of the following (as defined in the Internal Revenue Code):

- * a corporation
- * an organization exempt from tax under section 501(a),
or an individual retirement plan (IRA)
- * the United States or any agency or instrumentality
thereof
- * a foreign government or a political subdivision,
agency or instrumentality thereof
- * an entity registered at all times during the tax year
under the Investment Company Act of 1940
- * a common trust fund operated by a bank under
section 584(a)
- * a state, the District of Columbia, a possession of
the United States, or any political subdivision or
instrumentality thereof
- * an international organization or any agency or
instrumentality thereof
- * a foreign central bank of issue
- * a dealer in securities or commodities required to
register in the U.S. or a possession of the U.S.
- * a futures commission merchant registered with the
Commodity Futures Trading Commission
- * a real estate investment trust
- * a financial institution
- * a middleman known in the investment community
as a nominee or listed in the most recent
publication of the American Society of Corporate
Securities, Inc., Nominee List

☐ Depositor is NOT any of the following:

- * a citizen of the United States
- * a resident of the United States for U.S. tax purposes
- * a corporation, partnership, estate or trust organized under the laws of one of the United States or District
of Columbia
- * a United States person.

☐ Depositor is subject to backup withholding due to notified payee underreporting and the Depositor has not
 received a notice from the Internal Revenue Service advising Depositor that backup withholding has
 terminated.

If this account is a TUTMA account, by executing this signature card, the Depositor agrees to be bound to the
 provisions noted in the Disclosure Regarding TUTMA Accounts on the reverse of this card.

NOTIFY THE BANK IF YOUR STATUS CHANGES.

MAILING ADDRESS		BAC	SERV OFF #
7777 SOUTHWEST FREEWAY, SUITE 304		9616	05
HOUSTON, TX 770740000			
STREET ADDRESS, IF DIFFERENT FROM ABOVE		AMOUNT	
BANK REFERENCE		BANK REF. VERIFIED BY	RELATED ACCT. NO'S.
SOURCE OF FUNDS	FIRST DEPOSITOR ID	CHEX SYSTEM/TELECHECK	
SALESPERSON	PHONE	ECA #	
R.ZWICK	713-795-7320	GX908.004	
		G515307	

DOJ_18CR368-0005413

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FOR ALL ACCOUNTS

Each Depositor agrees to the provisions of the Terms and Conditions of Deposit Accounts delivered to Depositor herewith ("the Agreement"). Depositor acknowledges receipt of the Agreement, Bank's schedule of service charges and a copy of Bank's Funds Availability Policy.

DISCLOSURE REGARDING TUTMA ACCOUNTS

By signing this card, the Depositor agrees to be bound to the provisions noted below for accounts established under the Texas Uniform Transfers to Minors Act ("TUTMA") not withstanding the provisions in the Terms and Conditions of Deposit Accounts regarding Texas Uniform Gifts to Minors Act Accounts. Accounts established under TUTMA irrevocably transfers the money deposited in the account to the minor. The custodian of the Account acts as a trustee for the minor until the minor is 21 years of age, at which time the minor is absolutely entitled to the money. Neither the donor of the money nor the custodian is entitled to the use of the funds except for the use and benefit of the minor.

I understand that if I establish a TUTMA account for a minor, the money deposited will be the property of the minor, and I may not invest the money in my name, use it to satisfy OnePlus balance requirements on my accounts, or otherwise use the money for my benefit.

FOR VALUED BUSINESS CHECKING ACCOUNTS ONLY

The signers on this account are allowed to obtain ATM access. Depositor assumes the entire risk for fraudulent, unauthorized or otherwise improper use of ATM cards linked to this account. The Bank has no liability to the depositor for any errors or losses sustained in using the ATM card, except where the Bank fails to exercise ordinary care in processing any transaction. The Bank's liability in any case shall be limited to the amount of any funds improperly withdrawn or transferred from the depositor's account less any amount which, even with the exercise of ordinary care, would have been lost.

FOR INDIVIDUAL/JOINT ACCOUNTS ONLY

AGREEMENT REGARDING PULSE CARD

- (1) That if I do not use the PULSE CARD and PERSONAL IDENTIFICATION NUMBER within any consecutive 12 month period this service may be automatically terminated without notice to me.
- (2) That the PULSE CARD and PERSONAL IDENTIFICATION NUMBER will be subject to this signature card, the Agreement, and any other disclosures statements furnished to me.
- (3) That the Bank may terminate or suspend my Pulse services (as described in the Electronic Funds Transfer disclosure) at any time without notice to me and without in

JOINT TENANCY WITH RIGHT OF SURVIVORSHIP

By signing this card and checking the box on the front of this card marked "Joint Tenancy with Right of Survivorship, the Depositors stipulate and agree with each other and with Bank that the following terms and conditions shall apply to the Account:

- (1) If husband and wife, each Depositor hereby agrees with the other and Bank that existing community funds on deposit and community funds to be deposited in the future and any interest and income shall be held in joint tenancy and shall pass by right of survivorship pursuant to the terms hereafter set forth.
- (2) Depositors agree that, on the death of one party to the joint account listed on the reverse side, all sums in the account on the date of the death shall vest in and belong to the surviving party as his or her separate property and estate. If there are two or more surviving parties, their respective ownerships during lifetime shall be in proportion to their previous ownership interests under the Texas Probate Code, Section 438, augmented by an equal share for each survivor of any interest the deceased Co-Depositor may have owned in the Account or the Deposit immediately before his or her death, and the right of survivorship shall continue to be in full force and effect between the surviving parties.
- (3) Depositors agree to indemnify and hold Bank harmless from liability arising from the failure of this Agreement, for any reason, to create a valid joint tenancy with right of survivorship.
- (4) This agreement regarding the right of survivorship will be effective only if the Account styling includes "Joint Account with Right of Survivorship," "JAWROS," or words or abbreviations of similar import.

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DOJ_18CR368-0005415

10-Feb-17

10Feb17-2363

FOR ALL ACCOUNTS

Each Depositor agrees to the provisions of the Terms and Conditions of Deposit Accounts delivered to Depositor herewith ("the Agreement"). Depositor acknowledges receipt of the Agreement, Bank's schedule of service charges and a copy of Bank's Funds Availability Policy.

DISCLOSURE REGARDING TUGMA ACCOUNTS.

If the Account is established under the Texas Uniform Gifts to Minors Act ("TUGMA"), the creation of the Account irrevocably transfers the money deposited in the account to the minor. The custodian of the Account acts as a trustee for the minor until the minor is 18 years of age, at which time the minor is absolutely entitled to the money. Neither the donor of the money nor the custodian is entitled to the use or benefit of the money, except for the support, education, maintenance and benefit of the minor. I understand that if I establish a TUGMA account for my child, the money deposited will be the property of my child, and I may not invest the money in my name, use it to satisfy OnePlus balance requirements on my accounts, or otherwise use the money for my benefit.

FOR VALUED BUSINESS CHECKING ACCOUNTS ONLY

The signers on this account are allowed to obtain ATM access. Depositor assumes the entire risk for fraudulent, unauthorized or otherwise improper use of ATM cards linked to this account. The Bank has no liability to the depositor for any errors or losses sustained in using the ATM card, except where the Bank fails to exercise ordinary care in processing any transaction. The Bank's liability in any case shall be limited to the amount of any funds improperly withdrawn or transferred from the depositor's account less any amount which, even with the exercise of ordinary care, would have been lost.

FOR INDIVIDUAL/JOINT ACCOUNTS ONLY**AGREEMENT REGARDING PULSE CARD**

- (1) That if I do not use the PULSE CARD and PERSONAL IDENTIFICATION NUMBER within any consecutive 12 month period this service may be automatically terminated without notice to me.
- (2) That the PULSE CARD and PERSONAL IDENTIFICATION NUMBER will be subject to this signature card, the Agreement, and any other disclosures statements furnished to me.
- (3) That the Bank may terminate or suspend my Pulse services (as described in the Electronic Funds Transfer disclosure) at any time without notice to me and without in any way affecting any of my obligations to the Bank.

JOINT TENANCY WITH RIGHT OF SURVIVORSHIP

By signing this card and checking the box on the front of this card marked "Joint Tenancy with Right of Survivorship", the Depositors stipulate and agree with each other and with Bank that the following terms and conditions shall apply to the Account:

- (1) If husband and wife, each Depositor hereby agrees with the other and Bank that existing community funds on deposit and community funds to be deposited in the future and any interest and income shall be held in joint tenancy and shall pass by right of survivorship pursuant to the terms hereafter set forth.
- (2) Depositors agree that, on the death of one party to the joint account listed on the reverse side, all sums in the account on the date of the death shall vest in and belong to the surviving party as his or her separate property and estate. If there are two or more surviving parties, their respective ownerships during lifetime shall be in proportion to their previous ownership interests under the Texas Probate Code, Section 438, augmented by an equal share for each survivor of any interest the deceased Co-Depositor may have owned in the Account or the Deposit immediately before his or her death, and the right of survivorship shall continue to be in full force and effect between the surviving parties.
- (3) Depositors agree to indemnify and hold Bank harmless from liability arising from the failure of this Agreement, for any reason to create a valid joint tenancy with right of survivorship.
- (4) This agreement regarding the right of survivorship will be effective only if the Account styling includes "Joint Account with Right of Survivorship," "JAWROS," or words or abbreviations of similar import.

10-Feb-17

10Feb17-2363

☐ New ☒ Replacement Card ☐ Change Product Type
☒ Add Signer(s) ☐ Change Certification **TBSNEC**
 "Bank" refers to: **TEXAS COMMERCE BANK NATIONAL ASSOCIATION**
 Located at: **6560 FANNIN - MEDICAL**
COMMERCIAL, NONPROFIT & FIDUCIARY Card # 1 of 1
 ACCOUNT NAME (ONLY) ("Depositor")
OMNIPLUS HEALTH CARE, LLC **MAY 28 1997**

TAX I.D. NUMBER 760494742	PHONE NUMBER 713-988-6986	DATE OPENED 3/01/96	ACCOUNT NUMBER 5235
-------------------------------------	-------------------------------------	-------------------------------	-------------------------------

CHECK ONE:

- ☐ Corporation
☒ Limited Liability Company
☐ Trade Name ☐ Fiduciary
☐ Partnership ☐ Association



TYPE OF ACCOUNT ("the Account" or "this Account") (CHECK ONE)

- ☒ CHECKING ☐ CHECKING WITH INTEREST
 Certain Nonprofit Entities and
 Sole Proprietorships Only ☐ ONEPLUS SUPERSAVINGS
 Fiduciary Accounts to Benefit
 Individual Only
☐ MONEY MARKET ACCOUNT ☐ SAVINGS ☐ YOUTH SAVINGS

SIGNATURES - USE BLACK INK.

1.X

Vladimir Redko
 NO. OF
 SIGNATURES
 1

NAMES - TYPED OR PRINTED

1. VLADIMIR REDKO, M.D.

2.

Facsimile

2.

3.

3.

4.

4.

Check if applicable: ☐ See attached Signature Card for additional
 signers on this Account. *Place asterisk beside name if \$ limits apply to
 signing authority.

The Internal Revenue Service does not require your consent to any provision of this document other than
 the certifications required to avoid backup withholding.

By signing above, Depositor and each of the signers certifies under penalties of perjury that:

- (1) The number shown in the blank above is Depositor's correct Taxpayer Identification Number.
 (2) Either: Depositor is NOT subject to backup withholding either because Depositor has not been notified by
 the Internal Revenue Service (IRS) that Depositor is subject to backup withholding as a result of a failure to
 report all interest or dividends, or the IRS has notified Depositor that Depositor is no longer subject to
 backup withholding, or if one of the following Boxes is checked:

Check one where applicable:

- ☐ Depositor qualifies as one or more of the following (as defined in the Internal Revenue Code):
- * a corporation
 - * an organization exempt from tax under section 501(c)(3),
 - * or an individual retirement plan (IRA)
 - * the United States or any agency or instrumentality thereof
 - * a foreign government or a political subdivision, agency or instrumentality thereof
 - * an entity registered at all times during the tax year under the Investment Company Act of 1940
 - * a common trust fund operated by a bank under section 584(a)
 - * a state, the District of Columbia, a possession of the United States, or any political subdivision or instrumentality thereof
 - * an international organization or any agency or instrumentality thereof
 - * a foreign central bank of issue
 - * a dealer in securities or commodities required to register in the U.S. or a possession of the U.S.
 - * a futures commission merchant registered with the Commodity Futures Trading Commission
 - * a real estate investment trust
 - * a financial institution
 - * a middleman known in the investment community as a nominee or listed in the most recent publication of the American Society of Corporate Securities, Inc., Nominee List
- ☐ Depositor is NOT any of the following:
- * a citizen of the United States
 - * a resident of the United States for U.S. tax purposes
 - * a corporation, partnership, estate or trust organized under the laws of one of the United States or District of Columbia
 - * a United States person.

- ☐ Depositor is subject to backup withholding due to notified payee underreporting and the Depositor has not received a notice from the Internal Revenue Service advising Depositor that backup withholding has terminated.

If this account is a TUTMA account, by executing this signature card, the Depositor agrees to be bound to the provisions noted in the Disclosure Regarding TUTMA Accounts on the reverse of this card.

NOTIFY THE BANK IF YOUR STATUS CHANGES.

MAILING ADDRESS 1717 SOUTHWEST FREEWAY, SUITE 304 HOUSTON, TX 770740000		BAC 9616	SERV OFF # 05
STREET ADDRESS, IF DIFFERENT FROM ABOVE		AMOUNT	
BANK REFERENCE		BANK REF. VERIFIED BY	
SOURCE OF FUNDS	FIRST DEPOSITOR ID	CHEX SYSTEM/TELECHECK	
SALESPERSON JOYCE PETTERSON	PHONE 713-795-7326	ECA # G137683	
		RELATED ACCT. NO'S. GX908-008	

DOJ_18CR368-0005417

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FOR ALL ACCOUNTS

Each Depositor agrees to the provisions of the Terms and Conditions of Deposit Accounts delivered to Depositor herewith ("the Agreement"). Depositor acknowledges receipt of the Agreement, Bank's schedule of service charges and a copy of Bank's Funds Availability Policy.

DISCLOSURE REGARDING TUTMA ACCOUNTS

By signing this card, the Depositor agrees to be bound to the provisions noted below for accounts established under the Texas Uniform Transfers to Minors Act ("TUTMA") not withstanding the provisions in the Terms and Conditions of Deposit Accounts regarding Texas Uniform Gifts to Minors Act Accounts. Accounts established under TUTMA irrevocably transfers the money deposited in the account to the minor. The custodian of the Account acts as a trustee for the minor until the minor is 21 years of age, at which time the minor is absolutely entitled to the money. Neither the donor of the money nor the custodian is entitled to the use of the funds except for the use and benefit of the minor.

I understand that if I establish a TUTMA account for a minor, the money deposited will be the property of the minor, and I may not invest the money in my name, use it to satisfy OnePlus balance requirements on my accounts, or otherwise use the money for my benefit.

FOR VALUED BUSINESS CHECKING ACCOUNTS ONLY

The signers on this account are allowed to obtain ATM access. Depositor assumes the entire risk for fraudulent, unauthorized or otherwise improper use of ATM cards linked to this account. The Bank has no liability to the depositor for any errors or losses sustained in using the ATM card, except where the Bank fails to exercise ordinary care in processing any transaction. The Bank's liability in any case shall be limited to the amount of any funds improperly withdrawn or transferred from the depositor's account less any amount which, even with the exercise of ordinary care, would have been lost.

FOR INDIVIDUAL/JOINT ACCOUNTS ONLY

AGREEMENT REGARDING PULSE CARD

- (1) That if I do not use the PULSE CARD and PERSONAL IDENTIFICATION NUMBER within any consecutive 12 month period this service may be automatically terminated without notice to me.
- (2) That the PULSE CARD and PERSONAL IDENTIFICATION NUMBER will be subject to this signature card, the Agreement, and any other disclosures statements furnished to me.
- (3) That the Bank may terminate or suspend my Pulse services (as described in the Electronic Funds Transfer disclosure) at any time without notice to me and without in

JOINT TENANCY WITH RIGHT OF SURVIVORSHIP

By signing this card and checking the box on the front of this card marked "Joint Tenancy with Right of Survivorship, the Depositors stipulate and agree with each other and with Bank that the following terms and conditions shall apply to the Account:

- (1) If husband and wife, each Depositor hereby agrees with the other and Bank that existing community funds on deposit and community funds to be deposited in the future and any interest and income shall be held in joint tenancy and shall pass by right of survivorship pursuant to the terms hereafter set forth.
- (2) Depositors agree that, on the death of one party to the joint account listed on the reverse side, all sums in the account on the date of the death shall vest in and belong to the surviving party as his or her separate property and estate. If there are two or more surviving parties, their respective ownerships during lifetime shall be in proportion to their previous ownership interests under the Texas Probate Code, Section 438, augmented by an equal share for each survivor of any interest the deceased Co-Depositor may have owned in the Account or the Deposit immediately before his or her death, and the right of survivorship shall continue to be in full force and effect between the surviving parties.
- (3) Depositors agree to indemnify and hold Bank harmless from liability arising from the failure of this Agreement, for any reason, to create a valid joint tenancy with right of survivorship.
- (4) This agreement regarding the right of survivorship will be effective only if the Account styling includes "Joint Account with Right of Survivorship," "JAWROS," or words or abbreviations of similar import.

INPUT
8

GX908.009

MAY 28 1997

DOJ_18CR368-0005418

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BUSINESS ACCOUNT ADD SIGNERS FORM

NAME OF BUSINESS OMNIPLUS HEALTH CARE, L.P.

TAXPAYER ID NO. 76-0494742

BUSINESS ADDRESS 4916 MAIN ST STE 100, HOUSTON, TX 77002-9765

BRANCH NAME AND NO. CREDIT-TX-SOUTH - 287

BANK NO. 201

BRANCH PHONE NO. (713) 868-6771

INTEROFFICE MAILCODE TX2-6116

PREPARED BY: NAME EDWARD MIXON

DATE 10/09/2014

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

LEONARD L CARR JR

Title

SIGNER

Signature

Date

10/9/14

Identification

1) Driver's License

2) None

ID Number

Issuer

TX

Issuance Date

05/20/2012

Expiration Date

07/09/2018

Account Numbers:

9831

5235

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

SCOTT A BREIMEISTER

Title

SIGNER

Signature

Date

10/9/14

Identification

1) Driver's License

2) None

ID Number

Issuer

TX

Issuance Date

03/11/2010

Expiration Date

04/04/2016

Account Numbers:

9831

5235

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated

Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JPMorgan Chase Bank, N.A. Member FDIC

10-Feb-17

10Feb17-2363

BUSINESS ACCOUNT REMOVE SIGNERS FORM



NAME OF BUSINESS OMNIPLUS HEALTH CARE LLCTAXPAYER ID NO. 76-0494742BUSINESS ADDRESS ACCOUNTING SERVICES, P.O. Box 19923, Houston, TX 77224-9923BRANCH NAME AND NO. MEDICAL - 345BANK NO. 201BRANCH PHONE NO. (713) 795-7338INTEROFFICE MAILCODE TX2-6171PREPARED BY: NAME EDWARD MIXONDATE: 03/07/2013

Please remove the following signer from the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Remove:

Jeffrey H Charnov

Account Numbers:

5235

Please remove the following signer from the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Remove:

Account Numbers:

Please remove the following signer from the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Remove:

Account Numbers:

Please remove the following signer from the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Remove:

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) removed as authorized signers on the account(s) indicated above have been removed in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1 of 1

JPMorgan Chase Bank, N.A. Member FDIC



10-Feb-17

10Feb17-2363



BUSINESS ACCOUNT ADD SIGNERS FORM

NAME OF BUSINESS OMNIPLUS HEALTH CARE LLC

TAXPAYER ID NO. 76-0494742

BUSINESS ADDRESS ACCOUNTING SERVICES, P.O. Box 19923, Houston, TX 77224-9923

BRANCH NAME AND NO. MEDICAL - 345

BANK NO. 201

BRANCH PHONE NO. (713) 795-7338

INTEROFFICE MAILCODE TX2-6171

PREPARED BY: NAME EDWARD MIXON

DATE: 03/07/2013

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

DEJAN MILOSEVIC

SIGNER

3/7/2013

Identification

ID Number

Issuer

Issuance Date

Expiration Date

1) Driver's License
2) None

Account Numbers:

5235

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated
Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1 of 1

JPMorgan Chase Bank, N.A. Member FDIC

